

COMPLAINT FORM

Something was not in accordance with your expectations?

Please provide us with the following information:

1. Name, surname and address of the consumer: _____
2. Order number (or invoice number): _____
3. Recipient: SALT AND CHECKER d.o.o., Zagreb, Trpinjska 9, OIB
59913190453
4. What is the reason for returning the
product? _____
5. What is the state of the product you are
returning? _____
6. Additional information: _____

Signature: _____

Date: _____

Please send the product to the following address:

SALT AND CHECKER d.o.o., 10090 Zagreb, Trpinjska 9

Thank you for the information you provided!